

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213543695					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: VIRGINIA WESTERN COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT H SANDEL 3095 COLONIAL AVE SW PO BOX 14007 ROANOKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: 02115764</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: P.O. BOX 14007</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROANOKE, VA 24038-4007</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EDWIN C. HALL TITLE: PRESIDENT ADDRESS: 213 S JEFFERSON ST CITY/ST/ZIP/CO: ROANOKE, VA 24011 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: EDWIN C. HALL TITLE: PRESIDENT ADDRESS: 213 S JEFFERSON ST CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: EDWIN C. HALL TITLE: PRESIDENT ADDRESS: 213 S JEFFERSON ST CITY/ST/ZIP/CO: ROANOKE, VA 24011	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KATHERINE ELLIOTT TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 3157 CITY/ST/ZIP/CO: ROANOKE, VA 24015 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KATHERINE ELLIOTT TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 3157 CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: NEIL D. WILKIN, JR. TITLE: TREASURER ADDRESS: 5290 CONCOURSE DR CITY/ST/ZIP/CO: ROANOKE, VA 24019 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: NEIL D. WILKIN, JR. TITLE: TREASURER ADDRESS: 5290 CONCOURSE DR CITY/ST/ZIP/CO: ROANOKE, VA 24019	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JAMES W. AREND TITLE: IMM PAST PRESID ADDRESS: 5260 CROSSBOW CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24018 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES W. AREND TITLE: IMM PAST PRESID ADDRESS: 5260 CROSSBOW CIRCLE CITY/ST/ZIP/CO: ROANOKE, VA 24018	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: J. KENNETH RANDOLPH TITLE: SECRETARY ADDRESS: P.O. BOX 8425 CITY/ST/ZIP/CO: ROANOKE, VA 24014 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: J. KENNETH RANDOLPH TITLE: SECRETARY ADDRESS: P.O. BOX 8425 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J. KENNETH RANDOLPH TITLE: SECRETARY ADDRESS: P.O. BOX 8425 CITY/ST/ZIP/CO: ROANOKE, VA 24014	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME: ROBERT H. SANDEL TITLE: VWCC PRESIDENT ADDRESS: P.O. BOX 14007 CITY/ST/ZIP/CO: ROANOKE, VA 24038	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	FOREST G. JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2943 WEST CLUB DRIVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	THOMAS R. BAGBY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 S. JEFFERSON ST.		
CITY/ST/ZIP/CO:	SUITE 1400 ROANOKE, VA 24011		
NAME:	JASON BINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2515 STANLEY AVE.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	R. DANIEL CARSON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3719 FOREST RD., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		
NAME:	GLEN C. COMBS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3627 DOGWOOD LANE., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24015		
NAME:	STEVE CRONEMEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 FRANKLIN RD., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24011		
NAME:	WARNER DALHOUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 TRANQUILITY RD.		
CITY/ST/ZIP/CO:	MONETA, VA 24121		
NAME:	DAVID DANTZLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3631 PETERS CREEK RD.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		
NAME:	RUSSELL H. ELLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2731 JEFFERSON ST.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	TAMMY MOSS FINLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5008 AIRPORT RD.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24012		
NAME:	BYRON RANDOLPH FOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	937 WEST POINT RD.		
CITY/ST/ZIP/CO:	SALEM, VA 24153		

NAME:	MARYELLEN F. GOODLATTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	37 CAMPBELL AVE., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24011		
NAME:	KENT S. GREENAWALT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 12611		
CITY/ST/ZIP/CO:	ROANOKE, VA 24027		
NAME:	RONALD R. HARE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3000 OGDEN RD.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	JEFFREY A. MARKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2807 HERSBERGER RD.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24017		
NAME:	ROBERT RECTOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3615 WEST MAIN ST.		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	THOMAS M. ROBERTSON, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1409 EVERGREEN COURT		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	BERTRAM SPETZLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6596 FAIRWAY VIEW TRAIL		
CITY/ST/ZIP/CO:	ROANOKE, VA 24018		
NAME:	CAROLYN M. WEBSTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1906 BELLEVIEW AVE.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	BARTON J. WILNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	327 KING GEORGE AVE., SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24016		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EDWIN C. HALL	EDWIN C. HALL, PRESIDENT	9/19/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			